



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MAP/172909

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**PRELIMINARY RECITALS**

Pursuant to a petition filed March 16, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance (MA), a hearing was held on April 20, 2016, at Milwaukee, Wisconsin.

The issue for determination is whether the respondent determined the correct MAPP premium for petitioner.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED] |  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: [REDACTED]  
Milwaukee Enrollment Services  
1220 W Vliet St, Room 106  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

Peter McCombs (telephonically)  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. The petitioner receives monthly Social Security Disability income and earned income, as well.
3. In February, 2016, petitioner's MAPP premium was set at \$75.00, based upon monthly SSDI income in the amount of \$898.00 and earned income of 350.56.

4. In February, 2016, petitioner's SSDI increased to \$1,027.00, and her MAPP premium increase to \$200.00 effective April, 2016.
5. In April, 2016, petitioner supplied earned income verification indicating her decreased earned income. The respondent found that this did not decrease the required MAPP premium, however.

### **DISCUSSION**

The county agency has the burden of proof to establish a prima facie case that it correctly and accurately increased the petitioner's Medicaid Purchase Plan (MAPP) premium from \$75 to \$200 effective April, 2016, based upon her monthly income. The petitioner appeals alleging that her employer provided incorrect earnings information.

At hearing, the county representative explained that even with a (slight) reduction in earnings, petitioner's MAPP premium would not have changed. She conceded that the respondent did rely upon the earnings verification provided by petitioner's employer, and I find no error in such reliance. The petitioner also testified at hearing that she is now earning even less than previously, and that she has provided actual hours to the respondent. She also noted that she received an April 8, 2016, notice indicating that she has no MAPP premium. This notice followed two prior notices indicating that she would have a \$200.00 premium and a \$75.00 premium, respectively. The documentation in this case is contradictory and confusing, and I conclude that this matter must be remanded to the respondent to re-determine petitioner's MAPP premium commencing in April, 2016.

### **CONCLUSIONS OF LAW**

The county agency has not met its burden of proof to establish that it correctly and accurately increased the petitioner's Medicaid Purchase Plan (MAPP) premium effective April, 2016.

**NOW, THEREFORE, it is** **ORDERED**

The matter is remanded to the county agency with instructions to: a) re-determine the petitioner's MAPP premium based upon her verified earned and unearned income; and b) issue to the petitioner a new notice of decision explaining petitioner's revised MAPP premium retroactive to April, 2016, within 10 days of the date of this Decision.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

**APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 28th day of June, 2016

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\sPeter McCombs  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on June 28, 2016.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability